Cancer and class

Kate Randall, Barry Grey
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Monday's recommendation by a US government panel that women under the age of 50 not undergo annual mammogram screenings should serve as a warning on the future of health care in America. The announcement by the United States Preventive Service Task Force (USPSTF) will lead to thousands of preventable breast cancer deaths. The panel's recommendations will serve as a model for the rationing of services throughout the health care system, and for further attacks on the social conditions of broad sections of the population.

Government statistics show that of women who are now 40 years old, 1.44 percent will get breast cancer over the next decade. The USPSTF acknowledges that mammograms have reduced the death rate for women aged 40 to 49 by 15 percent. The panel also notes that since 1990, breast cancer deaths have declined by 2.3 percent per year for women overall, and by 3.3 percent for women aged 40 to 49, attributing the decrease to a combination of mammography and improved treatment. Since the inception of screening mammography, deaths from advanced breast cancer have decreased by 30 percent.

Nevertheless, the government task force concludes that these numbers are not sufficient to warrant breast cancer screenings for this age group. It asserts that the benefits are outweighed by what it claims to be harmful effects associated with mammograms.

The panel further recommends that for women aged 50 to 74, screenings should be done on a biennial rather than an annual basis.

For all the scientific-sounding jargon about "cost-risk" analysis, the real impetus behind this astounding and misanthropic proposal is the desire to cut costs for the government and the insurance companies.

The USPSTF denies that such considerations played any role in its recommendations, which reverse the policy the same agency, utilizing the same data but with different personnel, advocated only seven years ago, and which has long been standard medical practice. Indeed, 49 of the 50 states require that insurance companies cover yearly mammograms for women over 40 as part of their health care plans.

But none of the harmful effects it cites in making its case for effectively depriving millions of women of yearly screenings are life-threatening, and none can compare to the devastating effects of cancers not detected at an early stage, not only on those who die from the disease, but on survivors who are forced to undergo painful and protracted treatments.

The panel acknowledges that radiation exposure from mammograms is a "minor concern." The harmful effects of what it calls unnecessary anxiety, false positive diagnoses and unneeded biopsies pale in comparison to the trauma of mastectomies and the many other physical and mental ordeals that accompany radical treatments for late-stage cancers.

The US Preventive Service Task Force is funded by the Department of Health and Human Services (HHS). It provides guidance and recommendations on medical practices to doctors, insurance companies and government policymakers.

Insurance companies will seize upon the new guidelines to deny a screening procedure that has been proven vital in saving lives. CNN on Wednesday quoted a spokesman for the main health insurance lobby, America's Health Insurance Plans, as saying, "Most of our member companies look at the task force guidelines as the standard."

Governors and state legislators, well bribed with insurance industry campaign cash, can be counted on to revise their laws on health plans.

Both Medicare and Medicaid presently cover routine breast screenings. A change in coverage under these federally run programs would disproportionately impact poor and elderly women, many of whom would be unable to cover the cost of an annual mammogram, which can be as high as $500.

The Obama administration has initially distanced itself from the USPSTF's recommendations. HHS Secretary Kathleen Sebelius said the panel does "not set federal policy and they don't determine what services are covered by the federal government." However, asked by a CNN interviewer Wednesday whether she was rejecting the task force's recommendations, Sebelius dodged the question.

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On the White House blog, Dan Pfeiffer, deputy communications director, sought to counter those making a connection between the panel's recommendations and the cost-cutting mechanisms in the health care overhaul being pushed by Obama.

But the connection is undeniable. A piece Wednesday by Noam M. Levey in the *Chicago Tribune* notes that Obama's and congressional Democrats' "reliance on independent institutions to recommend standards of treatment," and points out that "those institutions will likely look a lot like the US Preventive Services Task Force."

The *Washington Post* makes no bones about the connection between the panel's recommendations and Obama's health care scheme. It published an editorial Wednesday declaring, "The [USPSTF's] reversal of the seven-year-old guidelines, and the resulting uproar, demonstrate why reducing medical costs will be challenging even with a well-designed health-care reform bill."

The new recommendations have everything to do with the current discussions within the political establishment on health care. This debate is focused, not on the well-being of the population, but on the necessity to slash health care costs for corporations and the government.

This is to be achieved by rationing health care services along class lines—the wealthy will continue to have access to the most advanced tests, procedures and drugs; the working class majority of the population will be consigned to a bargain basement level of care. All sorts of procedures which are currently covered, such as mammograms, will have to be paid for out-of-pocket or gone without.

The same reactionary premises that underlie the USPSTF's recommendations on mammograms drive the Obama administration's cost-cutting plan. The claim is that there are only "finite resources" for health care. This in a country where the richest ten percent monopolizes seventy percent of the national wealth, where Wall Street CEOs routinely award themselves eight-digit compensation packages, and the government spends trillions on bailing out the banks and waging neo-colonial wars.

Who sets the priorities? They are determined by the class interests of the corporate-financial elite, which controls both political parties and dominates all branches of the government.

For this class, rising life expectancy for working people is not a positive, it is a problem. Workers are living too long after their labor can no longer be exploited; the costs of keeping them alive and healthy increase with age. Better to let them die sooner. Just as American capitalism is engaged in a drive to close the wage gap between American and Asian workers, it is embarked on a campaign to close the age gap.

Dr. Ezekiel Emanuel, a close advisor to the Obama administration on issues of health policy and the brother of Obama's chief of staff, Rahm Emanuel, argues that health resources should be rationed, particularly for the elderly, infants and those with physical disabilities, in order to ensure allocation of care to what he deems to be more "participating" and productive segments of society. In a piece published in the November-December 1996 *Hastings Center Report*, he wrote: "An obvious example is not guaranteeing health services to patients with dementia."

Nor will the rationing of tests and procedures be limited to breast cancer. By the same logic, heart patients should be denied advanced or specialized tests and treatments, unless they are wealthy enough to pay for them. Why, moreover, waste money screening ordinary men for prostate cancer? Why throw good money away on expensive drugs for asthma? The list is almost endless.

The new recommendations on mammograms have come as a shock to millions of people. But they are only an initial sample of the type of attacks on social conditions that are being prepared. Needless suffering and deaths from breast cancer are only one expression of the human cost of the American ruling elite's drive to solve its crisis on the backs of the working class. Behind the repeated invocations of the need to "reduce consumption" and get the country to "live within its means" lies a perspective of rolling the conditions of American workers back to what they were a century ago.

This will provoke not only shock, but anger and resistance. The attempt to make the working class pay for the bankruptcy of American capitalism will open up a new period of class struggle, in which a politically radicalized population will look for alternatives to a malignant system single-mindedly devoted to the enrichment of a financial aristocracy.

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